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JUN 15 2005

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FACSIMILE TRANSMISSION**CONFIDENTIAL**

DATE: June 15, 2005

CLIENT-MATTER NO.: 20852-02000

To:

| NAME | FAX NO. | PHONE NO. |
|---|----------------|--------------|
| United States Patent Office Technology Center 2600 | (703) 872-9306 | 703-872-9313 |

FROM: Michael W. Farn

PHONE: (650) 335-7823

SENT BY: Becky Hancock

PHONE: (650) 943-5205

| | |
|------------------------------------|--------------------------|
| NUMBER OF PAGES WITH COVER PAGE: 2 | ORIGINAL WILL NOT FOLLOW |
| APPLICATION NUMBER | 09/854,246 |
| FILING DATE | May 11, 2001 |
| FIRST NAMED INVENTOR | Laurence Newell |
| GROUP ART UNIT | 2633 |
| EXAMINER NAME | Agustin Bello |
| ATTORNEY DOCKET NUMBER | 20852-05639 |

MESSAGE:

Please file the attached Request for Withdrawal as Attorney.

CAUTION - CONFIDENTIAL

THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS PRIVILEGED AND CONFIDENTIAL INFORMATION INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED ABOVE OR THEIR DESIGNEE. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPY OF THIS COMMUNICATION IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR PLEASE IMMEDIATELY NOTIFY US BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US AT THE ABOVE ADDRESS VIA THE U.S. POSTAL SERVICE. THANK YOU.

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PLEASE CALL BECKY HANCOCK AT (650) 943-5205 AS SOON AS POSSIBLE.

| | | | |
|---|------------------------|-----------------|--|
| REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS | Application Number | 09/854,246 | RECEIVED CENTRAL FAX CENTER JUN 15 2005 |
| | Filing Date | May 11, 2001 | |
| | First Named Inventor | Laurence Newell | |
| | Group Art Unit | 2633 | |
| | Examiner Name | Agustin Bello | |
| | Attorney Docket Number | 20852-05639 | |

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application. The client has been duly notified of this request for withdrawal and provided with all papers and property to which the client is entitled.


The reasons for this request are:

The client knowingly and freely assents to termination of the employment.

- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

| | | | | | |
|-------------------------|---|-------|----|-----|-------|
| Firm or Individual Name | Cora Fedomock Berkeley Law & Technology Group, LLC | | | | |
| Address | 1756 - 114th Ave. SE, Ste. 110 | | | | |
| Address | | | | | |
| City | Bellevue | State | WA | Zip | 98004 |
| Country | USA | | | | |
| Telephone | | Fax | | | |

- ☒ This request is made on behalf of myself and
- ☐ all the attorneys/agents of record,
 - ☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
 - ☒ the attorneys/agents associated with Customer Number 00758
- on whose behalf I have signed this request and on whose behalf I am authorized to sign.

| | |
|-----------|---|
| Name | Michael W. Fam |
| Signature |  |
| Date | June 15, 2005 |

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.